

# Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

PO Box 95046

301 Centennial Mall South

Lincoln NE 68509

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## SHIPPER APPLICANT

Name of Corporation That Will Hold License		Total Number of Shares (if corporation)	
Corporate Street Address (1)	Mailing address for receipt of Liquor Control Commission Mailings		Corporate Telephone Number
City	State	Zip Code	
IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER			
Name	Title	Date of Birth	Social Security Number
Home Address (1)			
City	State	Zip Code	Home Telephone Number

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PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES				
Name of Officers, Directors, Members and Spouses. <b>Give Last Name, First Name, Middle, Maiden, and any aliases</b>	Social Security Number	Date of Birth	Title	Number of Shares/ %
<b>NAME</b>				
Spouse Name				
<b>NAME</b>				
Spouse Name				
<b>NAME</b>				
Spouse Name				
<b>NAME</b>				
Spouse Name				
<b>NAME</b>				
Spouse Name				
<b>NAME</b>				
Spouse Name				

(If Necessary, Continue on Separate Sheet)